



TOWN OF EAST FISHKILL
330 Route 376, Hopewell Junction, NY 12533
(845) 221-2428 Fax (845) 226-1924
<http://www.eastfishkillny.org>

App. No. _____

Permit No. _____

PERMIT APPLICATION

Application is hereby made to the Engineering Department for the issuance of Permits pursuant to the Code of the Town of East Fishkill. The applicant agrees to comply with all applicable laws, ordinances and regulations. The applicant attests that the proposed work outlined in this application conforms to all provisions of the Code of the Town of East Fishkill and laws of New York State. It is further agreed that the premises will not be occupied until a Certificate of Occupancy has been issued and all fees are paid in full. **Please note: Any applications pending over 60 days, with no activity, will become null and void.**

Permit Type: _____

Description of Intended Use: _____

Site Data:

Section _____ Block _____ Lot _____ Zone: _____ Area of lot(s): _____ ac.

Setbacks: Front _____ l.f. Side (L) _____ l.f. Side (R) _____ l.f. Rear _____ l.f. Corner or Interior Lot: _____

Street Address: _____

Project Description: _____

Sewer Dist.: _____ Water Dist.: _____ Septic: _____ Well: _____

Subdivision Name: _____ Lot #: _____ Filed Map #: _____ Date Filed: _____

Total Square Footage of Project: _____ s.f.

Floor Area (Provide Square Footage): Existing _____ s.f. Proposed _____ s.f.

Area of Disturbance: _____ s.f. No. of Approved Bedrooms: _____

Applicant:

Name: _____

Address: _____

Phone: _____ Mobile: _____

E-mail: _____

Owner*:

Name: _____

Address: _____

Phone: _____ Mobile: _____

E-mail: _____

Lessee:

Name: _____

Address: _____

Phone: _____ Mobile: _____

E-mail: _____

Builder*/Contractor*/Developer*:

Name: _____ Phone: _____ Mobile: _____

Address: _____ E-mail: _____

**Proof of Insurance to be included with application.*

Architect/Engineer:

Name: _____ Phone: _____ Mobile: _____
Address: _____ E-mail: _____

Electrician*:

Name: _____ Phone: _____ Mobile: _____
Address: _____ E-mail: _____

Plumber:

Name: _____ Phone: _____ Mobile: _____
Address: _____ E-mail: _____

** Proof of Insurance to be included with application.*

Cost of Work:

Cost of work \$ _____ (Cost for the work described in the Application for Permit, include the cost of all the construction and/or other work done in connection therewith, exclusive of the cost of the land).

IF APPLICANT IS NOT HOME OWNER/PROPERTY OWNER, A SIGNED, NOTARIZED LETTER FROM HOME OWNER/PROPERTY OWNER WILL BE REQUIRED WITH APPLICATION GRANTING PERMISSION TO APPLY FOR PERMIT OR ACQUIRE OWNER'S SIGNATURE BELOW.

Signature: _____ Print: _____

Fill out all spaces on the permit application. All information is essential and no application for permit will be reviewed until all the required items are provided.

APPLICATION SUBMISSION: Between 9:00 AM and 3:00 PM ONLY. (NOT to be mailed.)

******* DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY *******

Calculate fee: _____ Pre-Inspection Date: _____

Received and Taken in by: _____ Inventory Sheet: _____

Application Information Acknowledgement: Please sign and print **acknowledging that you have received all pertinent information in association with this application** (requirements/inspection forms).

Signature: _____ Print: _____ Date: _____

NYC Watershed:	Yes	_____	No	_____	PB:	No	_____	Yes	_____	Date	_____
Wetlands:	Yes	_____	No	_____	ZBA:	No	_____	Yes	_____	Date	_____
Steep Slope:	Yes	_____	No	_____							
Floodplain:	Yes	_____	No	_____							

The above application and plans conform to the Federal, State, County and Town of East Fishkill Ordinances. Any changes in the application or plans would void this approval.

Authorized Building Department Representative

Date Approved



TOWN OF EAST FISHKILL ENGINEERING DEPARTMENT

330 Route 376, Hopewell Junction, NY 12533
(845) 221-2428 Fax (845) 226-1924
<http://www.eastfishkillny.org>

GENERAL PERMIT INFORMATION

- ONCE A PERMIT HAS BEEN ISSUED, PICKED UP AND POSTED ON-SITE, THEN CONSTRUCTION MAY BEGIN. CONSTRUCTION MUST BEGIN WITHIN 90 DAYS OR PERMIT BECOMES NULL AND VOID.
- PERMITS ARE GOOD FOR ONE YEAR ALTHOUGH THEY CAN BE RENEWED FOR A FEE (WITH THE EXCEPTION OF POOL PERMITS).
- CALL (845-221-2427 EXT. 241) AT LEAST 48 HOURS PRIOR TO SCHEDULE REQUIRED INSPECTIONS. A FINAL INSPECTION IS NEEDED FOR ALL PERMITS.
- AN ELECTRICAL INSPECTION (IF APPLICABLE) IS REQUIRED FROM A CERTIFIED NEW YORK STATE ELECTRICAL INSPECTOR WHO IS REGISTERED WITH THE TOWN. A COMPLETE LIST OF REGISTERED ELECTRICAL INSPECTORS IS INCLUDED WITH ALL APPLICATIONS.
- BUILDING PERMITS, CERTIFICATES OF OCCUPANCY AND CERTIFICATES OF COMPLIANCE WILL NO LONGER BE ISSUED ON ANY PARCELS THAT HAVE ANY VIOLATIONS NOTED OR ANY PERMITS THAT HAVE EXPIRED AND WERE NEVER CLOSED OUT. A FINAL INSPECTION IS REQUIRED FOR ALL PERMITS IN ORDER TO CLOSE OUT.



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INSURANCE INFORMATION

• INSURANCE PROOF REQUIREMENTS:

PROOF OF LIABILITY INSURANCE AND WORKERS' COMPENSATION AND/OR WORKERS' COMPENSATION EXEMPTION IS REQUIRED FROM ALL CONTRACTORS AND/OR HOMEOWNERS DOING WORK AS SPECIFIED.

FORMS MUST NAME TOWN OF EAST FISHKILL AS CERTIFICATE HOLDER AND NOTE TOWN ADDRESS. MUST BE PROVIDED BY THE CONTRACTOR OR HOMEOWNER AT THE TIME APPLICATION IS SUBMITTED.

CONTRACTORS:

- LIABILITY INSURANCE CAN BE ON ACORD FORMS.
- WORKERS' COMPENSATION INSURANCE MUST BE ON NEW YORK STATE FORMS (AS STATED IN GENERAL MUNICIPAL LAW SECTION 125).
- WORKERS' COMPENSATION EXEMPTION (FORM CE-200)

HOMEOWNERS:

- LIABILITY INSURANCE (COPY OF CURRENT HOMEOWNER'S POLICY)
- WORKERS' COMPENSATION EXEMPTION (FORM CE-200)

WORKERS' COMPENSATION EXEMPTIONS: FORM CE-200 WILL BE REQUIRED. AS OF DEC. 1, 2008, FORM WC/DB-100 WILL BE RETIRED AND NO LONGER ACCEPTED. ALTHOUGH FORM WC/DB-100 WAS VALID FOR MULTIPLE PERMITS, THE NEW FORM CE-200 WILL NOT BE. EXEMPTION FORMS WILL NO LONGER HAVE TO BE NOTARIZED OR STAMPED BY THE NYS WORKERS' COMP BOARD BUT APPLICANTS ELIGIBLE FOR EXEMPTIONS MUST FILE A NEW CE-200 FOR EACH AND EVERY NEW OR RENEWED PERMIT. EACH CE-200 WILL SPECIFICALLY LIST THE TOWN OF EAST FISHKILL, THE SPECIFIC TYPE OR PERMIT BEING REQUESTED, THE JOB LOCATION AND THE ESTIMATED COST OF THE PROJECT. BE SURE THAT THE APPLICANT HAS SIGNED AND DATED THE FORM. EACH CE-200 WILL HAVE A CERTIFICATE NUMBER PRINTED ON IT.

FORM CE-200 CAN BE PROCESSED ELECTRONICALLY – SEE THE WORKERS' COMPENSATION BOARD'S WEBSITE, www.wcb.ny.gov OR CALL (518) 486-6307. ONCE THIS FORM HAS BEEN FILLED OUT AND COMPLETED ON-LINE, A COPY CAN BE PRINTED OUT AND THAT COPY CAN BE SUBMITTED WITH THE BUILDING APPLICATION. IF YOU DO NOT HAVE ACCESS TO A COMPUTER, PAPER APPLICATIONS CAN BE OBTAINED AT ANY WORKERS' COMP. BOARD DISTRICT OFFICE.



**Certificate of Attestation of Exemption
From New York State Workers' Compensation
and/or Disability Benefits Insurance Coverage**

****This form cannot be used to waive the workers' compensation rights or obligations of any party.****

The applicant may use this Certificate of Attestation of Exemption **ONLY** to show a government entity that New York State specific workers' compensation and/or disability benefits insurance is not required. The applicant may **NOT** use this form to show another business or that business's insurance carrier that such insurance is not required.

Please provide this form to the government entity from which you are requesting a permit, license or contract. This Certificate will not be accepted by government officials one year after the date printed on the form.

In the Application of (Legal Entity Name and Address): JOHN SMITH 123 MAIN STREET ALBANY, NY 12207 111-111-1111 Federal ID Number: XXXXX6789	Business Applying For: BUILDING PERMIT From: CITY OF ALBANY, DEPT OF BUILDING AND CODES The location of where work will be performed is 123 ACME AVENUE, ALBANY, NY 12203. Estimated dates necessary to complete work associated with the building permit are from October 14, 2008 to March 31, 2009. The estimated dollar amount of project is \$25,001 - \$50,000
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Workers' Compensation Exemption Statement:

The above named business is certifying that it is **NOT REQUIRED TO OBTAIN NEW YORK STATE SPECIFIC WORKERS' COMPENSATION INSURANCE COVERAGE** for the following reason:

The business is owned by one individual and is not a corporation. Other than the owner, there are no employees, day labor, leased employees, borrowed employees, part-time employees, unpaid volunteers (including family members) or subcontractors.

Disability Benefits Exemption Statement:

The above named business is certifying that it is **NOT REQUIRED TO OBTAIN NEW YORK STATE STATUTORY DISABILITY BENEFITS INSURANCE COVERAGE** for the following reason:

The business is owned by one individual or is a partnership (LLC, LLP, PLLP or a RLLP) under the laws of New York State and is not a corporation; or is a one or two person owned corporation, with those individuals owning all of the stock and holding all offices of the corporation (in a two person owned corporation, each individual must be an officer and own at least one share of stock) or is a business with no NYS location. In addition, the business does not require disability benefits coverage at this time since it has not employed one or more individuals on at least 30 days in any calendar year in New York State. (Independent contractors are not considered to be employees under the Disability Benefits Law.)

I, JOHN SMITH, am the Sole Proprietor with the above-named legal entity. I affirm that due to my position with the above-named business I have the knowledge, information and authority to make this Certificate of Attestation of Exemption. I hereby affirm that the statements made herein are true, that I have not made any materially false statements and I make this Certificate of Attestation of Exemption under the penalties of perjury. I further affirm that I understand that any false statement, representation or concealment will subject me to felony criminal prosecution, including jail and civil liability in accordance with the Workers' Compensation Law and all other New York State laws. By submitting this Certificate of Attestation of Exemption to the government entity listed above I also hereby affirm that if circumstances change so that workers' compensation insurance and/or disability benefits coverage is required, the above-named legal entity will immediately acquire appropriate New York State specific workers' compensation insurance and/or disability benefits coverage and also immediately furnish proof of that coverage on forms approved by the Chair of the Workers' Compensation Board to the government entity listed above.

SIGN HERE	Signature:	Date:
Exemption Certificate Number 2008-00197		Received October 2, 2008 NYS Workers' Compensation Board